FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)																		
1. Name and Address of Reporting Person* Niihara Yutaka					2. Issuer Name and Ticker or Trading Symbol Emmaus Life Sciences, Inc. [EMMA]							;	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner							
(Last) (First) (Middle) 21250 HAWTHORNE BLVD., SUITE 800					3. Date of Earliest Transaction (Month/Day/Year) 04/08/2020								X Director							
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							-	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person							
TORRA	NCE, CA	90503												-	Form file	d by More than	One Kep	orting Perso	on	
(City)	(State)		(Zip)			Ta	ble I -	Non	-D	erivative	Secu	rities A	cqui	ired, Dispo	sed of, or I	Benefic	ially Ow	ned	
(Instr. 3)		Date (Month/Day/Year) E		Execution	xecution Date, if		Code			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)) Be Re	5. Amount of Securities Beneficially Owned Follo Reported Transaction(s) (Instr. 3 and 4)		6. Ownersh Form: Direct (I or Indire			cial cial cship	
								Code	V	7	Amount	or (D)	Price	;	(I) (In		(I) (Instr. 4)		
Common value	stock, \$0.	.001 par	04/08/	2020				P			3,200	A	\$ 1.3 (1)	10	0,578,243	3		D (2)		
Common value	stock, \$0.	.001 par	04/09/	2020				P			6,700	A	\$ 1.28 (3)	10	0,584,943	3		D (2)		
Common stock, \$0.001 par value												92	92,794		Ι	By H Intern Hosp Inc.	national ice,			
Common value	stock, \$0.	.001 par												63	3,000			I	By So Niiha	
Reminder:	Report on a s	separate line	for each							Pe co the	rsons w ntained e form d	ho re in thi	s form	n are urrer	not requ	ction of inf ired to res OMB conf	spond	unless	SEC 14	74 (9-02)
				1 4010 11		outs, calls				-	-				ı, owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		Date (Month/Day/Year) a		3A. Deeme Execution any (Month/Da	Date, if	Code	ion	5.		an	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		(Instr. 5)	Deriva Securi Benefi Owned Follow Report	ttive ties cially d ving ted action(s)	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)			ate xercisable		ration	Title	Amount or Number of Shares					

Reporting Owners

	Relationships							
	Director	10% Owner	Officer	Other				
Reporting Owner Name / Address								

Niihara Yutaka 21250 HAWTHORNE BLVD. SUITE 800 TORRANCE, CA 90503 X X Chairman and C

Signatures

Yutaka Niihara, M.D., M.P.H.	04/10/2020
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.22 to \$1.38, inclusive. The reporting person (1) undertakes to provide to Emmaus Life Sciences, Inc., any security holder of Emmaus Life Sciences, Inc., and the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote (1) and in footnote (3) to this Form 4.
- (2) The shares shown include shares owned jointly with Soomi Niihara, the reporting person's wife.
- (3) The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$1.19 to \$1.39, inclusive.
- (4) Hope International Hospice, Inc, is a California corporation of which Dr. Niihara and his wife are the sole shareholders and directors.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.